Company Tracking Number: CNO-123

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Member Direct Market Application

Project Name/Number: DM APP/CNO-123

Filing at a Glance

Company: Catholic Financial Life

Product Name: Member Direct Market SERFF Tr Num: CAKN-127172455 State: Arkansas

Application

Filing Type: Form

TOI: L08 Life - Other SERFF Status: Closed-Approved-State Tr Num: 48819

Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: CNO-123 State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Donna Peterson Disposition Date: 05/20/2011

Date Submitted: 05/18/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: DM APP Status of Filing in Domicile: Pending

Project Number: CNO-123 Date Approved in Domicile:

Requested Filing Mode: Domicile Status Comments: This application

was filed with the Interstate Compact May 16, 2011. Wisconsin, our state of domicile, is part

of that Compact filing.

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual Market Type:

Overall Rate Impact: Filing Status Changed: 05/20/2011
State Status Changed: 05/20/2011

Deemer Date: Created By: Donna Peterson

Submitted By: Donna Peterson Corresponding Filing Tracking Number:

Filing Description:

This is a direct market application that will only be available to current members. It offers them the ability to purchase a new whole life contract. It will not be used by agents. This application may be printed on the reverse side of our contract premium notices or other correspondence.

It offers our members the ability to purchase an additional whole life contract with no additional underwriting if all answers to Section D are "NO".

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The whole life contract used with this special offer is form 2010 WL 2 AR approved by AR on 7/8/2010. (AR FILING 46125SERFF filing number CAKN-126706765)

Company and Contact

Filing Contact Information

Donna Peterson, donna.peterson@catholicfinanciallife.org

1100 W Wells Street 414-278-6509 [Phone]

Milwaukee, WI 53233

Filing Company Information

Catholic Financial Life CoCode: 56030 State of Domicile: Wisconsin 1100 West Wells Street Group Code: Company Type: Fraternal Milwaukee, WI 53233 Group Name: State ID Number: 2796

(414) 273-6266 ext. 6509[Phone] FEIN Number: 39-0201015

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Catholic Financial Life \$50.00 05/18/2011 47725506

 SERFF Tracking Number:
 CAKN-127172455
 State:
 Arkansas

 Filing Company:
 Catholic Financial Life
 State Tracking Number:
 48819

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/20/2011	05/20/2011

 SERFF Tracking Number:
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 State:
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 Filing Company:
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Disposition

Disposition Date: 05/20/2011

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: CNO-123

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Schedule Item Schedule Item Status Public Access

Supporting DocumentFlesch CertificationYesSupporting DocumentApplicationNoFormApplication for InsuranceYes

 SERFF Tracking Number:
 CAKN-127172455
 State:
 Arkansas

 Filing Company:
 Catholic Financial Life
 State Tracking Number:
 48819

Company Tracking Number: CNO-123

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

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Form Schedule

Lead Form Number: 2011 DM APP

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2011 DM APP	Application/Application for Enrollment Insurance Form	Initial		52.700	2011 DM APP.pdf

Application for Life Insurance

A. PROPOSED INSURED (Person on whom Life Insurance is desired)				
Name:				
First Mide	dle Initial			
Sex □ Male □ Female SS/l ⁻			DOB	
AddressStreet	•	0.14	01-1-	7
		City	State	Zip
B. OWNER (If other than Propose				
Name:	al Last		Relationship to propo	sed insured
Sex Male Female SS/I			DOR	
			DOB	
AddressStreet		City	State	
Street Phone (home)	Phone (work)		Email	<u> </u>
C. BENEFICIARY (List additional				
Primary: Full Name		Relationship	SS/ITI	N/Tax ID
Contingent: Full Name		Relationship	SS/ITI	N/Tax ID
D. DECLARATION OF INSURABIL	ITY			
1) Within the past 5 years, has the	•	•	ted by a member of the	e medical profession for:
a. Uncontrolled diabetes, diabe				s 🗆 No
b. Stroke, Paralysis, Alzheimerc. Heart attack, congestive hea				es □ No es □ No
d. Chronic obstructive pulmona				s 🗆 No
e. Any internal cancer, or other				s 🗆 No
f. AIDS (Aquired Immune Defic				s □ No
2) Within the past 5 years have yo	ou been hospitalized fo	r more than 48 ho	ours? □ Ye	s 🗆 No
3) Within the past 5 years have yo	ou been rejected by an	y insurer for life ir	surance? Ye	s 🗆 No
E. PLAN INFORMATION: WHOLE	LIFE			
Face Amount: ☐ \$5,000 ☐ \$10,000 ☐ \$20,000 Premium Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly Amount remitted \$				
Dividend Option: ☐ Paid Up ☐	Interest □ Red	uced Premium	_ □ Cash	
	emium Loan (APL) req	uested? □ Yes	□ No	
F. REPLACEMENT				
 Does the Proposed Insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group)? ☐ Yes ☐ No Does the Proposed Insured intend to replace, discontinue or change any such coverage? ☐ Yes ☐ No 				
If YES to 1 or 2 provide the following information: Insured Name				
Coverage Amount				
REMARKS				
	DEAD CADE	THE LANGE CODE	OLONINO	
READ CAREFULLY BEFORE SIGNING AGREEMENT				
IT IS AGREED: 1) I have read the application and all statements in this application are, to the best of my knowledge and belief, true, complete				
and correctly recorded. 2) I have considered my insurance needs and feel that the amount and type of coverage applied for is suitable for my situation.				
3) No information acquired by any agent shall bind the Society unless set out in writing in this application;				
4) No agent is authorized to waive or change any application questions, to waive or change any terms of this agreement, or to make any promises or representations other than those contained in this agreement.				
5) The contract applied for will not become effective until the first premium is paid and the certificate is approved and issued				
during the lifetime of the Proposed Insured. 6) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes				
made by the society. We do not make changes in the plan of insurance or payment without your written consent.				
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.				
Date and signed at (City)				
Date and signed at (Oity)	(5			
Signature	Phon	e	Ema	ail

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Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

Flesch DM app.pdf



READABILITY CERTIFICATION

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of the Policy Language Simplification Act.

Form Number	Score
2011 DM APP	52.7

Daniel H. Strasburg, FSA, MAAA Vice President and Chief Actuary

May 17, 2011